

Prior Authorization Requirements for Kansas Medicaid

Effective February 1, 2023

General Information

This list contains prior authorization requirements for care providers who participate with UnitedHealthcare Community Plan in Kansas for inpatient and outpatient services. To request prior authorization, please submit your request online or by phone:

- **Online:** Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select Prior Authorization and Notification on your Provider Portal dashboard.
- **Phone:** Call 866-604-3267.
- To request prior authorization for Pediatric Care Network (PCN), please call PCN at **833-802-6427**.

Prior authorization is not required for emergency or urgent care. Out-of-network physicians, facilities and other health care providers must request prior authorization for all procedures and services, excluding emergent or urgent care.

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Behavioral health services	Prior authorization required	For specific codes requiring prior authorization, please call the number on the member's health plan ID card when referring for mental health and substance abuse/substance use services.			
	Many of our benefit plans provide coverage for behavioral health services through a designated behavioral health network.	For ABA Therapy, submit via fax or Provider Express			
Bariatric surgery	Prior authorization required	43644	43645	43659	43770
Bariatric surgery and specific obesity-related services		43775	43842	43845	43846
		43847	43848	43860	
Bone growth stimulator	Prior authorization required	20975	20979		
Electronic stimulation or ultrasound to heal fractures					
BRCA genetic testing	Prior authorization required	81162	81163	81164	81165
		81166	81212	81432	81433
Breast reconstruction (non-mastectomy)	Prior authorization required	11971	19316	19318	19325
Reconstruction of the breast except when following mastectomy		19328	19330	19340	19342
		19350	19357	19361	19364
		19367	19368	19369	19370
		19371	19380	19396	L8600

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
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Cancer supportive care	Prior authorization required Prior authorization required for colony-stimulating factor drugs and bone-modifying agents administered in an outpatient setting for a cancer diagnosis. <i>*Codes J1442, J1447, J1448, J2506, J2820, J0897, Q5101, Q5108, Q5110, Q5111, Q5120, Q5122, Q5125 will also require prior authorization for non-oncology DX. See the Injectable medications section below</i>	<u>Injectable colony-stimulating factor drugs that require prior authorization:</u> Bio similar (Zarxio®) Q5101* Filgrastim (Neupogen®) J1442* Filgrastim-aafi (Nivestym™) Q5110* Pegfilgrastim-apgf, biosimilar (Nyvepria®) Q5122* Pegfilgrastim (Neulasta®) J2506 Pegfilgrastim-bmez (Ziextenzo®) Q5120 Pegfilgrastim-cbqv (UDENYCA™) Q5111* Pegfilgrastim-jmdb (Fulphila™) Q5108* Sargramostim (Leukine®) J2820 Tbo-filgrastim (Granix®) J1447* Trilaciclib (Cosela™) J1448* Filgrastim-ayow (Releuko®) Q5125* <u>Bone-modifying agents that require prior authorization:</u> Denosumab (Xgeva®) J0897* For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To access the tool, go to UHCprovider.com and click Sign In in the top-right corner. Then, select the Prior Authorization and Notification tile on your provider portal dashboard. Or, call 888-397-8129 .
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Cardiovascular	Prior authorization required	37220	37221	37224	37225	
		37226	37227	37228	37229	
		37230	37231			
			DX Not Req PA			
		E08.52	E09.52	E10.52	E11.52	
		E13.52	I70.221	I70.222	I70.223	
		I70.228	I70.229	I70.231	I70.232	
		I70.233	I70.234	I70.235	I70.238	
		I70.239	I70.241	I70.242	I70.243	
		I70.244	I70.245	I70.248	I70.249	
		I70.25	I70.261	I70.262	I70.263	
		I70.268	I70.269	I70.321	I70.322	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular (cont.)		I70.323	I70.329	I70.331	I70.332
		I70.333	I70.334	I70.335	I70.338
		I70.339	I70.341	I70.342	I70.343
		I70.344	I70.345	I70.348	I70.349
		I70.35	I70.361	I70.362	I70.363
		I70.369	I70.421	I70.422	I70.423
		I70.428	I70.429	I70.431	I70.432
		I70.433	I70.434	I70.435	I70.438
		I70.439	I70.441	I70.442	I70.443
		I70.444	I70.445	I70.448	I70.449
		I70.461	I70.462	I70.463	I70.468
		I70.469	I70.521	I70.522	I70.523
		I70.528	I70.529	I70.531	I70.532
		I70.533	I70.534	I70.535	I70.538
		I70.539	I70.541	I70.542	I70.543
		I70.544	I70.545	I70.548	I70.549
		I70.561	I70.562	I70.563	I70.568
		I70.569	I70.621	I70.622	I70.623
		I70.628	I70.629	I70.631	I70.632
		I70.633	I70.634	I70.635	I70.638
		I70.639	I70.641	I70.642	I70.643
		I70.644	I70.645	I70.648	I70.649
		I70.661	I70.662	I70.663	I70.668
		I70.669	I70.721	I70.722	I70.723
		I70.728	I70.729	I70.731	I70.732
		I70.733	I70.734	I70.735	I70.738
		I70.739	I70.741	I70.742	I70.743
		I70.744	I70.745	I70.748	I70.749
		I70.761	I70.762	I70.763	I70.768
		I70.769	I72.3	I72.4	I72.8
		I72.9	I77.2	I77.70	I77.72
		I77.77	I77.79	I74.3	I74.4
		I74.5	I74.8	I74.9	I75.021
		I75.022	I75.023	I75.029	I75.89
		T82.818A	T82.868A	S81.801A	S81.802A
		S81.809A	S91.301A	S91.302A	S91.309A
		M86.051	M86.052	M86.059	M86.061
		M86.062	M86.069	M86.071	M86.072
		M86.079	M86.08	M86.09	M86.1
		M86.10	M86.151	M86.152	M86.159
		M86.161	M86.162	M86.169	M86.171
		M86.172	M86.179	M86.18	M86.19
		M86.20	M86.251	M86.252	M86.259
		M86.261	M86.262	M86.269	M86.271
		M86.272	M86.279	M86.28	M86.29
		M86.30	M86.351	M86.352	M86.359

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular (cont.)		M86.361	M86.362	M86.369	M86.371
		M86.372	M86.379	M86.38	M86.39
		M86.40	M86.451	M86.452	M86.459
		M86.461	M86.462	M86.469	M86.471
		M86.472	M86.479	M86.48	M86.49
		M86.50	M86.551	M86.552	M86.559
		M86.561	M86.562	M86.571	M86.572
		M86.579	M86.58	M86.59	M86.60
		M86.651	M86.652	M86.659	M86.661
		M86.662	M86.669	M86.671	M86.672
		M86.679	M86.68	M86.69	M86.8X0
		M86.8X5	M86.8X6	M86.8X7	M86.8X8
		M86.8X9	M86.9	I96	L03.115
		L03.116	Q27.30	Q27.32	Q27.39
		Q27.8	Q27.9	Q87.2	S35.511A
		S35.512A	T82.312A	T82.318A	T82.319A
		T82.338A	T82.392A	T82.398A	T82.399A
		T82.898A	I73.00	I73.01	I73.1
		I73.81			

Chemotherapy

Prior authorization required for injectable chemotherapy drugs administered in an outpatient setting, including intravenous, intravesical and intrathecal for a cancer diagnosis

Injectable chemotherapy drugs that require prior authorization:

- Chemotherapy injectable drugs (J9000–J9999), Leucovorin (J0640), Levoleucovorin (J0641, J0642), Lupron Depot (J1950)
- Chemotherapy injectable drugs that have a Q code
- Chemotherapy injectable drugs that have not yet received an assigned code and will be billed under a miscellaneous Healthcare Common Procedure Coding System (HCPCS) code

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Cochlear implants and other auditory implants A medical device within the inner ear and with an external portion that helps persons with profound sensorineural deafness achieve conversational speech	Prior authorization required	69710	69714	69930	L8614
		L8619	L8690	L8691	L8692
Continuous glucose monitor	Prior authorization required with Type 2 Diabetes Diagnosis	A4226 E2103	A4239	E0787	E2102
Cosmetic and reconstructive procedures	Prior authorization required	11960	14020	14021	14060
		14061	14301	15820	15821
		15822	15823	15830	15847
Cosmetic procedures		15877	15878	15879	17106

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
that change or improve physical appearance without significantly improving or restoring physiological function		17107	17108	17999	21137	
		21138	21139	21172	21175	
		21179	21180	21181	21182	
		21183	21184	21230	21235	
		21256	21275	21280	21282	
	Reconstructive procedures that treat a medical condition or improve or restore physiologic function		21295	21740	21742	21743
			28344	30620	55970	55980
			67900	67901	67902	67903
			67904	67906	67908	67909
			67911	67912	67914	67915
		67916	67917	67921	67922	
		67923	67924	67950	67961	
	67966	Q2026				
These surgical codes with the following DX codes:						
	F64.0	F64.1	F64.2	F64.8		
	F64.9	Z87.890				
	14000	14001	14041	15734		
	15738	15750	15757	15758		
	19303	53410	53430	54125		
	54520	54660	54690	55175		
	55180	56625	56800	56805		
	57110	57335	58150	58180		
	58260	58262	58290	58291		
	58541	58542	58543	58544		
	58550	58552	58553	58554		
	58570	58571	58572	58573		
	58661	58720	58940	64856		
	64892	64896				
Durable medical equipment (DME)	Prior authorization is required only for the codes listed with a retail purchase or a cumulative rental cost of more than \$500.	A9900	E0194	E0265	E0266	
		E0270	E0277	E0300	E0328	
		E0329	E0445	E0457	E0460	
		E0465	E0466	E0470	E0471	
		E0483	E0486	E0620	E0636	
		E0637	E0652	E0656	E0669	
		E0670	E0675	E0693	E0694	
		E0700	E0710	E0745	E0762	
		E0764	E0766	E0784	E0984	
		E0986	E1002	E1003	E1004	
	E1005	E1006	E1007	E1008		
	E1009	E1010	E1030	E1035		
	E1036	E1130	E1161	E1229		
	E1231	E1232	E1233	E1234		
	E1235	E1236	E1237	E1238		
	E1239	E1399	E1825	E2100		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Durable medical equipment (DME) (cont.)		E2227	E2228	E2300	E2301
		E2310	E2311	E2322	E2325
		E2327	E2329	E2331	E2351
		E2373	E2510	E2511	E2512
		E2599	E2626	E2627	E2628
		E2629	E2630	K0005	K0008
		K0013	K0108	K0812	K0830
		K0831	K0848	K0849	K0850
		K0851	K0852	K0853	K0854
		K0855	K0856	K0857	K0858
		K0859	K0860	K0861	K0862
		K0863	K0864	K0868	K0869
		K0870	K0871	K0877	K0878
		K0879	K0880	K0884	K0885
		K0886	K0890	K0891	S1040
	T1999	V2786			
Enteral services In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	B4160	B9002	B9998	
Experimental and investigational (and/or linked services)	Prior authorization required	33477	36514	64722	65765
		65767	66180	A4638	A9274
		E0231	E1831	S0810	S9990
		S9991			
Femoroacetabular impingement syndrome (FAI)	Prior authorization required	29914	29915	29916	
Functional endoscopic sinus surgery (FESS)	Prior authorization required	31240	31253	31254	31255
		31256	31257	31259	31267
		31276	31287	31288	
Genetic and molecular testing to include BRCA	Prior authorization required for genetic and molecular testing performed in an outpatient setting Care providers requesting laboratory testing will be required to complete the prior authorization/notification process, which includes indicating the laboratory and test name. Payment will be authorized for those CPT codes registered with the Genetic and Molecular Testing Prior	81105	81106	81107	81108
		81109	81110	81111	81120
		81121	81162	81163	81164
		81165	81166	81167	81168
		81170	81171	81172	81173
		81174	81175	81176	81177
		81178	81179	81180	81181
		81182	81183	81184	81185
		81186	81187	81188	81189
		81190	81191	81192	81193
		81194	81200	81201	81203
		81204	81205	81208	81209
		81212	81218	81220	81222
		81223	81224	81225	81226

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Genetic and molecular testing to include BRCA genetic testing (continued)	Authorization/Notification Program for each specified genetic test.	81228	81229	81230	81231
		81232	81233	81234	81236
		81237	81238	81239	81240
	Notification/prior authorization required for BRCA testing before DNA sequencing is performed. The ordering care provider must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare.	81241	81242	81243	81244
		81245	81246	81247	81248
		81249	81250	81251	81254
		81255	81256	81257	81258
		81259	81260	81261	81262
		81263	81264	81265	81267
		81268	81269	81271	81272
		81273	81274	81276	81277
		81278	81279	81283	81284
		81285	81286	81287	81288
		81289	81290	81291	81292
		81294	81295	81297	81298
		81300	81302	81304	81305
		81306	81307	81309	81310
		81312	81313	81314	81315
		81316	81317	81318	81319
		81320	81321	81322	81323
		81324	81326	81328	81329
		81330	81331	81332	81333
		81334	81335	81336	81337
		81338	81339	81340	81341
		81342	81343	81344	81345
		81346	81347	81348	81350
		81351	81352	81353	81357
		81360	81361	81362	81363
		81364	81370	81371	81372
		81373	81375	81376	81377
		81378	81379	81380	81381
		81382	81383	81400	81401
		81402	81403	81404	81405
	81406	81407	81408	81412	
	81419	81420	81432	81433	
	81434	81437	81438	81440	
	81442	81443	81445	81448	
	81460	81465	81470	81471	
	81507	81518	81519	81520	
	81521	81522	81546	81554	
	81595	87481	87482	87505	
	87506	87507	87510	87511	
	87512	87623	87797	87798	
	87799	87800	87801	0157U	
	0158U	0159U	0160U	0161U	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Genetic and molecular testing to include BRCA genetic testing (continued)					
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Home health services	<p>Prior authorization is required only in outpatient settings, to include member's home.</p> <p>The following procedure codes require documentation of a face-to-face encounter within 90 days before the start of services.</p>	G0299	G0300	T1002	T1003
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Injectable medications	Prior authorization required	Abilify Maintena® J0401 Actemra® J3262 Acthar® J0800 Adakveo® J0791 Adasuve® J2062 Adcetris® J9042 Aduhelm® J0172 Adynovate® J7207 Akynzeo® J1454 Aliqopa J9057 Alprolix® J7201 Amivantamab (Rybrevant) J9999 Amondys 45 J1426 Anti-thymocyte globulin (Atgam®) J7504 Aralast NP, Prolastin-C, Zemaira J0256 Aristada® J1944
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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization		
Injectable medications (continued)	Aristada Initio®			
	J1943			
	Arranon®			
	J9261			
	Arzerra			
	J9302			
	Azedra®			
	A9590			
	Avonex®			
	J1826	Q3027	Q3028	
	Avsola™			
	Q5121			
	Bavencio®			
	J9023			
	Belantamab mafodotin-blmf (Blenrep)			
	J9037			
	Belinostat (Beleodaq)			
	J9032			
	Bendeka®			
	J9034			
	Benlysta®			
	J0490			
	Betaseron®			
	J1830			
	Bevacizumab-awwb (Mvasi)			
	Q5107			
	Bicnu			
	J9050			
	Blinicyto®			
	J9039			
	Bortezomib (Velcade)			
	J9041			
	Botulinum toxins			
	J0585	J0586	J0587	J0588
Calaspargase pegol-mknl (Asparlas)				
J9118				
Camptosar®				
J9206				
Cemiplimab-rwlc (Libtayo)				
J9119				
Cerezyme®				
J1786				
Chlorpromazine®				

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Injectable medications (continued)		J3230
	Cimzia®*	
	J0717	
	Cinqair®	
	J2786	
	Cinvanti®	
	J0185	
	Clofarabine (Clolar)	
	J9027	
	Crysvita®	
	J0584	
	Cutaquig®	
	J1551	
	Cyramza®	
	J9308	
	Darzalex®	
	J9145	
	Darzalex Faspro®	
	J9144	
	Dinutuximab (Unituxin)	
	J9999	
	Doxorubicin Doxil)	
	Q2050	
	Elaprase®	
	J1743	
	Elelyso®	
	J3060	
	Elliotts B® solution	
	J9175	
	Eloctate®	
	J7205	
	Emend Fosaprepitant®	
	J1453	
Empliciti®		
J9176		
Enbrel®		
J1438		
Enhertu		
J9358		
Erbitux		
J9055		
Eribulin mesylate (Halaven)		
J9179		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Injectable medications (continued)	Evenity™	J3111
	Evkeeza	J1305
	Evomela	J9246
	Exondys 51™	J1428
	Fabrazyme®	J0180
	Fasenra™	J0517
	Firazyr®	J1744
	Flolan®	J1325
	Fluphenazine Decanoate®	J2680
	Gamifant®	J9210
	Gazyva®	J9301
	Givlaari®	J0223
	Glassia®	J0257
	Glatiramer (Glatopa®, Copaxone®)	J1595
	Glucarpidase (Voraxaze®)	J3590 C9293
	Granix	J1447
	Haloperidol Decanoate®	J1631
	Herceptin®	J9355
	Herceptin Hylecta®	J9356
	Herzuma®	Q5113
	Hydroxyprogesterone Caproate	J1729
	Idelvion®	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)	J7202				
	Ilaris®				
	J0638				
	Ilumya™				
	J3245				
	Imfinzi®				
	J9173				
	Inflectra®				
	Q5103				
	Infugem™				
	J9198				
	Inotuzumab ozogamicin (Besponsa)				
	J9229				
	Invega Sustenna®				
	J2426				
	Isatuximab-irfc (Sarclisa)				
	J9227				
	IVIG				
	90283	J1459	J1555	J1556	
	J1557	J1559	J1561	J1566	
	J1568	J1569	J1572	J1575	
	J1599				
	Ixempra®				
	J9207				
	Jemperli				
	J9272				
	Jevtana®				
	J9043				
	Jivi®				
	J7208				
	Kadcyla®				
	J9354				
	Kanjinti				
	Q5117				
	Keytruda®				
	J9271				
	Khapzory				
	J0642				
Kyprolis®					
J9047					
Lartruvo®					
J9285					
Lemtrada®					
J0202					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Injectable medications (continued)	Leukine®	J2820
	Leuprolide Acetate	J9218
	Loncastuximab tesirine (Zynlonta)	C9399 J9999
	Lucentis®	J2778
	Lumizyme®	J0221
	Lumoxiti®	J9313
	Lurbinectedin (Zepzelca)	J9223
	Lutathera®	A9513
	Luxturna™	J3398
	Makena®	J1726
	Margetuximab-cmkb (Margenza)	J9353
	Marqibo	J9371
	Mesnex®	J9209
	Mitomycin pyelocalyceal (Jelmyto)	J9281
	Mogamulizumab-kpkc (Poteligeo)	J9204
	Mozobil®	J2562
	Naxitamab-gqqk (Danyelza)	J9348
	Neulasta®	J2506
	Neupogen®	J1442
	Nplate®	J2796
	Nucala®	J2182
	Ocrevus™	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Injectable medications (continued)		<p>J2350</p> <p>Octreotide (Sandostatin®)</p> <p>J2354</p> <p>Ogivri®</p> <p>Q5114</p> <p>Olanzapine, Zyprexa</p> <p>S0166</p> <p>Omacetaxine (Synribo)</p> <p>J9262</p> <p>Oncaspar</p> <p>J9266</p> <p>Onivyde®</p> <p>J9205</p> <p>Onpattro™</p> <p>J0222</p> <p>Ontruzant®</p> <p>Q5112</p> <p>Opdivo®</p> <p>J9299</p> <p>Orencia®</p> <p>J0129</p> <p>Paclitaxel protein-bound (Abraxane)</p> <p>J9264</p> <p>Parsabiv™</p> <p>J0606</p> <p>Pemetrexed (Alimta)</p> <p>J9305</p> <p>Pemfexy</p> <p>J9304</p> <p>Pepaxton®</p> <p>J9247</p> <p>Perjeta®</p> <p>J9306</p> <p>Perseris®</p> <p>J2798</p> <p>Phesgo®</p> <p>J9316</p> <p>Porfimer sodium (Photofrin)</p> <p>J9600</p> <p>Portrazza</p> <p>J9295</p> <p>Pralatrexate (Folotyn)</p> <p>J9307</p>

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
Injectable medications (continued)	Prialt®	J2278
	Probuphine®	J0570
	Prolia Zgeva®	J0897
	Provenge®	Q2043
	Rebinyn®	J7203
	Radicava®	J1301
	Rasburicase (Elitek®)	J2783
	Reblozyl®	J0896
	Releuko®	Q5125
	Remicade®	J1745
	Remodulin Treprostinil®	J3285
	Renflexis®	Q5104
	Riabni®	Q5123
	Risperdal Consta®	J2794
	Rituxan®	J9312
	Rituxan Hycela®	J9311
	Romidepsin (Istodax)	J9315
	Rybrevant®	J9061
	Rylaze™	J9021
	Ryplazim™	J2998
	Sandostatin® LAR	J2353
	Simponi Aria®	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization	
Injectable medications (continued)	J1602		
	Skyrizi®		
	J2327		
	Soliris®		
	J1300		
	Spinraza™		
	J2326		
	Spravato™		
	S0013		
	Stelara®		
	J3358		
	Sublocade™		
	Q9991		Q9992
	Supprelin® LA		
	J9226		
	Synagis®*		
	90378		
	Tafasitamab-cxix (Monjuvi)		
	J9349		
	Tagraxofusp-erzs (Elzonris)		
	J9269		
	Tecentriq®		
	J9022		
	Tepezza®		
	J3241		
	Tezspire™		
	J2356		
	Therapeutic Radiopharmaceuticals		
	A9606	A9607	A9699
	Trazimera™		
	Q5116		
	Treanda®		
	J9033		
	Trelstar®		
	J3315		
	Tremfya®		
	J1628		
	Triptodur®		
J3316			
Trodelvy®			
J9317			
Trogarzo™			
J1746			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Injectable medications (continued)	Truxima®				
	Q5115				
	Tysabri®				
	J2323				
	Tyvaso®				
	J7686				
	Unclassified codes**				
	C9399	J3490	J3590		
	Uplizna®				
	J1823				
	Valstar®				
	J9357				
	Varubi®				
	J2797				
	Vectibix®				
	J9303				
	Ventavis®				
	Q4074				
	Viltepso™				
	J1427				
	VPRIV®				
	J3385				
	Vyepti™				
	J3032				
	Vyondys 53®				
	J1429				
	Vyxeos®				
	J9153				
	White Blood Cell Colony Stimulating Factors				
	J1442	J1447	J1448	J2506	
	Q5101	Q5108	Q5110	Q5111	
	Q5120	Q5122			
	Xembify®				
	J1558				
	Xiaflex®				
	J0775				
	Xolair®				
	J2357				
Xofigo®					
A9606					
Yervoy®					
J9228					
Yondelis®					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Injectable medications (continued)		J9352			
		Zaltrap®			
		J9400			
		Zarxio®			
		Q5101			
		Zolgensma®			
		J3399			
	Zyprexa Relprevv®				
	J2358				
<p>Please check our <i>Review at Launch for New to Market Medications</i> policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our <i>Review at Launch Medication List</i>. Predetermination is highly recommended for the drugs on the list. The <i>Review at Launch for New to Market Medications</i> policy is available at UHCprovider.com > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and Coverage Determination Guidelines for Community Plan.</p> <p>* Please obtain prior notification for Cimzia and Synagis through OptumRx prior notification services at 800-310-6826.</p> <p>** For unclassified and temporary codes C9085, C9086, C9399, J3490, J3590, J9999, prior authorization is only required for, Amvuttra, Fyarro, Fynetra®, Invega Hafyera®, Nexvazyme, Nulibry, Revatio, Saphnelo, Tivdak, Upravi®, Vabysmo™, Xenpozyme and Zytlego</p> <p>*** For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top right corner. Then, select the Prior Authorization and Notification tool on your Provider Portal dashboard. Or call 888-397-8129</p>					

Joint replacement Joint, total hip and knee replacement procedures	Prior authorization required	23470	23472	23473	23474
		24360	24361	24362	24363
		24370	24371	27120	27125
		27130	27132	27134	27137
		27138	27412	27446	27447
		27486	27487	29866	29867
		29868	J7330		

Orthognathic surgery Treatment of maxillofacial/jaw functional impairment	Prior authorization required	21121	21123	21125	21127
		21141	21142	21143	21145
		21146	21147	21150	21151
		21154	21155	21159	21160
		21188	21193	21194	21195
		21196	21198	21199	21206
		21208	21209	21210	21215

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthognathic surgery (cont.)		21240	21242	21244	21245
		21246	21247	21248	21249
		21255	21296	21299	
Orthotics and prosthetics	Prior authorization is required only for orthotic and prosthetics with a retail purchase or a cumulative rental cost of more than \$500.	L0112	L0170	L0456	L0462
		L0464	L0480	L0482	L0484
		L0486	L0624	L0629	L0631
		L0632	L0634	L0636	L0637
		L0638	L0640	L0700	L0710
		L0810	L0820	L0830	L0859
		L0999	L1000	L1005	L1200
		L1300	L1310	L1499	L1680
		L1685	L1700	L1710	L1720
		L1730	L1755	L1820	L1832
		L1834	L1840	L1844	L1845
		L1846	L1860	L1945	L1950
		L1970	L2000	L2005	L2010
		L2020	L2030	L2034	L2036
		L2037	L2038	L2060	L2106
		L2108	L2126	L2136	L2350
		L2510	L2526	L2627	L2628
		L3230	L3265	L3649	L3671
		L3674	L3720	L3730	L3740
		L3763	L3764	L3900	L3901
		L3904	L3905	L3961	L3971
		L3975	L3976	L3977	L3999
		L4000	L4010	L4020	L4631
		L5010	L5020	L5050	L5060
		L5100	L5105	L5150	L5160
		L5200	L5210	L5220	L5230
		L5250	L5270	L5280	L5301
		L5312	L5321	L5331	L5341
		L5400	L5420	L5460	L5500
		L5505	L5510	L5520	L5530
		L5535	L5540	L5560	L5570
		L5580	L5585	L5590	L5595
L5600	L5610	L5613	L5614		
L5616	L5639	L5640	L5642		
L5643	L5644	L5646	L5647		
L5648	L5649	L5651	L5653		
L5661	L5673	L5682	L5683		
L5700	L5702	L5703	L5705		
L5706	L5716	L5718	L5722		
L5724	L5726	L5728	L5780		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics and prosthetics (continued)		L5790	L5795	L5811	L5812
		L5814	L5816	L5818	L5822
		L5824	L5826	L5828	L5830
		L5845	L5848	L5857	L5858
		L5930	L5950	L5960	L5961
		L5962	L5964	L5966	L5968
		L5973	L5976	L5979	L5980
		L5981	L5982	L5984	L5986
		L5987	L5988	L5990	L5999
		L6000	L6010	L6020	L6050
		L6055	L6100	L6110	L6120
		L6130	L6200	L6205	L6250
		L6300	L6310	L6320	L6350
		L6360	L6370	L6380	L6382
		L6384	L6400	L6450	L6500
		L6550	L6570	L6580	L6582
		L6584	L6586	L6588	L6590
		L6621	L6623	L6624	L6646
		L6648	L6686	L6687	L6689
		L6690	L6692	L6693	L6694
		L6695	L6696	L6697	L6704
		L6707	L6708	L6709	L6711
		L6712	L6713	L6714	L6715
		L6880	L6881	L6882	L6883
		L6884	L6885	L6895	L6900
		L6905	L6910	L6915	L6920
		L6925	L6930	L6935	L6940
		L6945	L6950	L6955	L6960
		L6965	L6970	L6975	L7007
		L7008	L7009	L7040	L7045
		L7170	L7180	L7181	L7185
		L7186	L7190	L7191	L7405
	L8040	L8042	L8043	L8044	
	L8045	L8046	L8047	L8499	
	L8609	L8610	L8612	L8631	
	L8659				
Personal care service	Prior authorization required	T1019			
PET scans	Not a covered benefit unless medically necessary and prior authorization is obtained	78459	78491	78492	78608
		78609	78811	78812	78813
		78814	78815		
Private duty nursing	Prior authorization required	T1000			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Prostate procedures	Prior authorization required	37243	52441	52442	53850
		53852	55866	55873	55874
Proton beam therapy Focused radiation therapy using beams of protons, which are tiny particles with a positive charge	Prior authorization required	77520	77522	77523	77525
Rhinoplasty Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400	30410	30420	30430
		30435	30450	30460	30462
		30465			
Sinuplasty	Prior authorization required	31295	31296	31297	31298
Sleep apnea procedures and surgeries	Prior authorization required	21685	41599	42145	
Maxillomandibular advancement and oral-pharyngeal tissue reduction for treatment of obstructive sleep apnea					
Sleep studies	No prior authorization is required for members age 21 and younger .	95800	95801	95805	95806
		95807	95808	95810	95811
	Prior authorization is required for members age 21 and older .				
Spinal surgery	Prior authorization required	22100	22101	22102	22110
		22112	22114	22206	22207
		22210	22212	22214	22220
		22224	22510	22511	22512
		22513	22514	22515	22532
		22533	22548	22551	22554
		22556	22558	22586	22590
		22595	22600	22610	22612
		22630	22633	22800	22802
		22804	22808	22810	22812
		22818	22819	22830	22849
		22850	22852	22855	22856
		22861	22864	22865	22899
		63001	63003	63005	63011
		63012	63015	63016	63017
		63020	63030	63040	63042
		63045	63046	63047	63050
		63055	63056	63064	63075
		63077	63081	63085	63087
63090	63101	63102	63170		
63172	63173	63185	63190		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Spinal surgery (cont.)		63191	63200	63250	63251
		63252	63265	63267	63268
		63270	63271	63272	63286
		63300	63301	63302	63303
		63304	63305	63306	63307
		63308			
Stimulators Implantation of a device that sends electrical impulses	Prior authorization required	Bone growth stimulator			
		E0747	E0748	E0749	E0760
		Neurostimulator			
		43648	43881	43882	61863
		61864	61867	61868	61885
		61886	63650	63655	63685
		64553	64555	64568	64570
		64590	L8680	L8682	L8685
	L8686	L8687	L8688		
Transplants	Prior authorization required	For transplant and CAR T-Cell therapy services including Abecma® (Idecaptagene Cicleucel), Breyanzi® (Lisocabtagene Maralucecel), Carvykti™ (ciltacabtagene autoleucel), Kymriah™ (tisagenlecleucel), Tecartus™ (brexucabtagene autoleucel) and Yescarta™ (axicabtagene ciloleucel), please call the UnitedHealthcare Community and State Transplant Case Management team at 888-936-7246 or the notification number on the back of the member's health plan ID card.			
		32850	32851	32852	32853
		32854	32855	32856	33930
		33933	33935	33940	33944
		33945	38208	38209	38210
		38212	38213	38214	38215
		38232*	38240	38241	38242
		44132	44133	44135	44136
		44137	44715	44720	44721
		47133	47135	47140	47141
		47142	47143	47144	47145
		47146	47147	48551	48552
		48554	50300	50320	50323
		50325	50340	50360	50365
		50370	50547	S2060	S2061
		S2152			
		CAR-T Cell Therapy			
		0537T	0538T	0539T	0540T
		J9999	Q2041	Q2042	Q2053
		Q2054	Q2055	Q2056	
		*Code 38232 will only require prior authorization for an oncology diagnosis.			
		Vein procedures	Prior authorization required	36468	36473
Removal of ablation of					

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities		37700 37766	37718 37780	37722	37765
Ventricular assist devices (VAD) A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow	Prior authorization required VAD device and supplies are not covered.	Please call the notification number on the back of the member's health plan ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management team at 855-282-8929			
		33927 33976 33983	33928 33979 Q0507	33929 33981 Q0508	33975 33982 Q0509
Wound vac	Prior authorization required	E2402			